

PAYMENT REQUEST / SPECIAL NEEDS EXPENSES

Instructions: Send the original and two copies of this form and all invoices to: Division of Children and Family Services, Bureau of Programs and Policies, ATTN: Dale Langer, P.O. Box 8916, Room 527, Madison, WI 53708-8916. Purchases of \$5.00 and under should be claimed on the social worker's Travel Voucher under "Other Allowable Expenses." This amount will not be taxed as income for Federal and State income tax purposes. If you have questions regarding reimbursement, call (608) 266-8054.

Name - Child	IV-E Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No	Case Number	Date Completed (mm/dd/yyyy)
Name - Vendor			Telephone Number - Vendor
Address - Vendor (Street, City, State, Zip Code)			

Itemized Purchase(s) (All items are sales tax exempt.)	Date of Service (mm/dd/yyyy)	Quantity Purchased	Cost
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$
6.			\$
7.			\$
8.			\$
9.			\$
10.			\$
TOTAL AMOUNT			\$

Justification for expenditure.

SIGNATURE - Social Worker

Region

Date Signed (mm/dd/yyyy)

SIGNATURE - Regional Adoption Supervisor

Date Signed (mm/dd/yyyy)

SIGNATURE - Central Office Adoption Supervisor

Date Signed (mm/dd/yyyy)